

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EMILY's List		FEC IDENTIFICATION NUMBER C C00193433	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Pringle Communications Group		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 717 D Street, NW 5th Floor		Amount 65421.45	
City State Zip Code Washington DC 20004		Transaction ID: SE24-105149	
Purpose of Expenditure Mailing Services		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Talent		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 417684.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee MSHC Partners, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1155 15th Street NW, Suite 300		Amount 9705.75	
City State Zip Code Washington DC 20005		Transaction ID: SE24-99223	
Purpose of Expenditure Mailing Services		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 6 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jim Gerlach		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 173531.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		75127.20	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Caroline C Fines Signature		Date M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	